

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/046808

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		1		1		1
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TOTAL IND.	15		15		16	
TOTAL DEP.		15		15		16
TOTAL CLAIMS	15	15	15	15	16	16

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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